



ZONING VERIFICATION APPLICATION
PLANNING, RESEARCH & DEVELOPMENT DEPARTMENT
CITY OF EL PASO, TEXAS

1. CONTACT INFORMATION:

NAME: _____

ADDRESS: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

2. PARCEL INFORMATION:

STREET ADDRESS OR LOCATION: _____

PROPOSED USE: _____

LEGAL DESCRIPTION: _____

Note: If the legal description consists of portions of lots or blocks; or if a legal subdivision has not been recorded, a survey or written, sealed metes and bounds description may be required in order to process this application.

3. I AM REQUESTING THE FOLLOWING INFORMATION (CHECK ALL BOXES THAT APPLY):

☐ The zoning district designation for this property, including any zoning conditions, special contracts, or special permits for this property (\$22.90 fee for property with no zoning conditions, special contract, or special permit; \$45.70 fee for property with zoning conditions, special contract, or special permit).

☐ Permitted uses for this property.

☐ Specific zoning request (additional fee of \$30.00 per each 1/2 hour of staff research may apply).

Note: For any information regarding this application, please contact the Planning, Research & Development Department at (915) 541-4024. For information regarding building permits, please contact the Building Permits & Inspections Department at (915) 541-4560.

SIGNATURE: _____ DATE: _____

****OFFICE USE ONLY****

APPLICATION NO. _____

RECEIVED DATE: ____/____/____

ACCEPTED BY: _____

APPLICATION FEE \$ _____

FUND - 01101, DEPT ID - 99010335, ACCOUNT - 404126